

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2005 08:00 AM
Secretary of State

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1. Entity Name

FORT MYERS BEACH OFFSHORE GRAND PRIX, INC.



Principal Place of Business

18901 SAN CARLOS BLVD.
FT. MYERS BEACH, FL 33931

Mailing Address

18901 SAN CARLOS BLVD.
FT. MYERS BEACH, FL 33931



05062005 No Chg-NP

CR2E037 (10/03)

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4. FEI Number

65-0553485

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HIGHFILL, YVONNE
18901 SAN CARLOS BLVD
FORT MYERS BEACH, FL 33931

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Yvonne Highfill YVONNE HIGHFILL TREASURER 5/1/05

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

Filing Fee is \$61.25
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000365172
05/09/05-80029-002 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TRE
HIGHFILL, YVONNE
18901 SAN CARLOS BLVD.
FORT MYERS BEACH, FL 33931

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
CLAUSEN, DEAN R
18901 SAN CARLOS BLVD.
FORT MYERS BLVD, FL 33931

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
ROBIN, CALABRESE
18901 SAN CARLOS BLVD
FT MYERS BEACH, FL 33931

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Yvonne Highfill YVONNE HIGHFILL 5/1/05 239-454-2772
TREASURER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #